



SERIOUS INJURY GUIDANCE

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This guidance document is designed to help providers work within the DBHDS regulations and is not intended to replace or supersede program regulations. Most providers already report many of the injuries, but DBHDS is required to track trends and patterns as we continue to identify interventions and methods to keep the individuals we provide services to safer and free from harm to the extent possible.

DEFINITION

1. "Serious injury" means any injury resulting in bodily damage, harm, or loss that requires medical attention (i.e., not the routine, regular appointment) by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner while the individual is supervised by or involved in services, such as attempted suicides, medication overdoses, or reactions from medications administered or prescribed by the service. Below are some, but not an exhaustive listing of injuries that could result in **bodily damage, harm or loss:**

- Abrasion/Cut/Scratch
- Adverse Reaction
- Aspiration Pneumonia
- Assault by client
- Assault by staff
- Bite
- Burn
- Choking
- Constipation/Bowel Obstruction
- Contusion/Hematoma
- Decubitus Ulcer
- Dislocation/Fracture
- Falls
- Ingestion of Substance
- Laceration
- Medication Error
- Overdoses
- Redness/Swelling
- Seizure/Convulsion
- Sprain
- Suicidal Attempt
- Other (with a text box to fully describe "Other")

If the provider or caregiver assesses the injury as serious to the degree that the individual needs to be seen for medical attention by one of the practitioners listed above, it needs to be reported. Not all serious injuries are visible or apparent to the naked eye, but may result in significant

bodily damage, impairment or loss. Some injuries may be internal and more serious than visible ones and medical attention may be required to make that determination.